

PROJECT HOPE

**APPLYING LESSONS-LEARNED TO DEVELOPING
SUSTAINABLE CHILD SURVIVAL AND MATERNAL CARE
SERVICES WITH THE AGRICULTURAL ESTATES OF PRESS
AGRICULTURE LIMITED IN KASUNGU – MALAWI**

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Kasungu, Malawi

Project Duration:

September 30, 1998 to September 29, 2002

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ACRONYMS

AIDS	Acquired Immuno-deficiency Syndrome
BCC	Behavior Change Communication
CAR	Contraceptive Acceptance Rate
CBDAs	Community Based Distribution Agency
CHC	Community Health Committee
CPR	Contraceptive Prevalence Rate
CS	Child Survival
CYP	Couple Year of Protection
DHO	District Health Officer
DIP	Detailed Implementation Plan
HIS	Health Information System
HIV	Human Immuno-deficiency Virus
HSA	Health Surveillance Assistant
IMCI	Integrated Management of Childhood Illnesses
KCSP	Kasungu Child Survival Program
KPC	Knowledge, Practice and Coverage
LOP	Life Of Program
MA	Medical Assistant
MOHP	Ministry of Health and Population
MRM	Mother Reminder Material
MTE	Midterm Evaluation
ORDP	Oral Rehydration Distribution Point
PAL	Press Agriculture Limited
USAID	United States Agency for International Development
STI	Sexually Transmitted Infections
TBA	Traditional Birth Attendant
TfT	Training for Transformation

EXECUTIVE SUMMARY

The current CS program will end on September 30, 2002 after having been in operation for four years. This report presents the activities that have taken place during Year 3 of the project and discusses the progress made to date.

During the Midterm Evaluation that took place in August-September 2002, a number of recommendations were made to the program to achieve its objectives. These recommendations were analyzed at the beginning of the 3rd year and their implementation monitored over the entire year.

The following are some of the most important project achievements during the third project year:

- ◆ More children were being immunized than in the previous years.
- ◆ A Family Planning/Under-five clinic shelter was constructed and is now in use.
- ◆ The MOHP District Health Officer gave the estate/17-clinic a refrigerator for storage of vaccines.
- ◆ A formative research study was conducted and data analyzed, as a first step in producing Mother Reminder Materials for community IMCI.
- ◆ Two health fairs were implemented successfully, with an attendance from estate residents and surrounding villagers of approximately 700 people. The project organized a quiz and gave out prizes to people who gave correct answers.
- ◆ The project distributed 300 impregnated bednets to 300 households on a cost recovery basis. Mothers and their youngest children are sleeping under the nets thereby being protected from mosquito bites.
- ◆ The PAL nurse has started antenatal clinics (ANC) at two estate clinics. This has increased access to much needed services for pregnant mothers.
- ◆ Community-based child growth monitoring and counseling of mothers whose children are not growing well is being done in 34 estates and the surrounding villages.
- ◆ The DHO made visits to provide medical oversight to the two estate clinics in May 2001. The district MOHP program managers are showing more interest in the CS activities on the estates and are providing supervisory visits and support for logistics.

The program requires additional technical assistance for its Behavior Change Communication approach. Part of this BCC is the development of Mother Reminder Materials that the project is currently pursuing with technical guidance from CHANGE and BASICS. The Mother Reminder Materials are intended to remind mothers of danger signs that their children are experiencing and then trigger them to take action.

The project was visited by the Chief Operating Officer of HOPE/HQ, Dr. Leslie Mancuso, and Joan Vannorsdall, Manager for Foundation Support, from the Development/Communications Division. Both visitors, who came at different times, were taken to the project areas and were able to see the activities that the Child Survival project is implementing on the estates and its surrounding villages, as well as the challenges that the project team has to overcome.

A big challenge for the program in the final year is to ensure that its main stakeholder/partner, Press Agriculture, Ltd, (PAL) implements recommendations of the institutional assessment and that a budget for health services is included in the company's overall budget.

1.0 INTRODUCTION

Background Information

Reporting period : October 2000 to September 2001

Project Title/Number : Child Survival and Mother Care Program
CSXIV

Preparation Date : January 2002

Geographic Coverage : Republic of Malawi - Kasungu District

Funding (amended 9/30/01): USAID - \$1,196,175
HOPE - \$1,484,486

Starting Date : September 30th 1998

Duration Date : September 30th 1998 - September 29th 2002

Evaluation Date : Midterms: August 2000
Final: August 2002

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2.0 PROJECT INTERVENTIONS AND PROGRESS MADE TOWARDS ACHIEVEMENT OF THE OBJECTIVES

MATERNAL CARE

Objective	Progress towards objective	Comments
<p>- Increase from 32.9% to 75% the percent of women who retained their antenatal card of their last pregnancy and received at least two antenatal visits.</p> <p>-Increase from 35.2% to 50% the percent of women attended by a trained TBA, midwife or doctor during their last delivery.</p>	YES	<p>The percent of women who retained their antenatal card of their last pregnancy and received at least two antenatal visits had decreased from 65.6% at baseline to 55.2% at midterm.</p> <p>To improve maternal care, a nurse was recruited to conduct static and outreach antenatal clinics.</p> <p>The program HIS indicates that 4,217 pregnant women received TT2 during the year 2000-2001.</p> <p>During midterm KPC, the percent of women attended by a trained TBA, midwife or doctor during their last delivery had increased from 35.2% at Baseline to 72.4% at Midterm. The project has family registers that indicate vital statistics about each household, including deliveries. Based on these statistics, 90.7% of all reported deliveries were attended by a trained TBA, midwife or doctor.</p> <p>During the year 2000-2001, the program trained an additional 20 TBAs, bringing the total to 40. This has increased access and improved the safety of deliveries. As a result, 737 deliveries were attended by trained TBAs alone. The trained TBAs reported only 7 stillbirths and no maternal deaths, contributing to a reduction in maternal and neonatal deaths.</p>

FAMILY PLANNING

Objective	Progress towards objective	Comments
<p>Increase from 44% to 60% the percent of women using a modern method of family planning.</p>	Partial	<p>The project HIS collects data on family planning methods provided by CBDAs and the estate clinics. CBDA reports indicate that CBDAs recruited 404 new family planning clients, assisted 748 subsequent clients, and made 506 referrals.</p> <p>The estate clinics recruited 489 clients and assisted 936 subsequent clients.</p> <p>HSAs have been conducting health talks and holding counseling sessions on family planning during the year 2000-2001. The number of reported health talks conducted on family planning was 39. The sessions were attended by 1,370 people.</p>

		HSAAs also held family planning counseling sessions with 552 clients.
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CONTROL OF DIARRHEA

Objectives	Progress towards objective	Comments
<ul style="list-style-type: none"> - Increase from 66.5% to 75% the percent of mothers that administered ORS for a child with diarrhea. - Increase from 33% to 70% the percent of mothers who recognize a danger sign or symptom of diarrhea and seek care within 24 hours. - Increase from 11% to 70% the percent of mothers/caretakers who can name at least 3 practices that they can undertake to prevent diarrhea. 	YES	<p>HSAAs report on the number of cases of diarrhea among children aged under two years old in their catchment area. There were 1,322 reported cases of diarrhea among children under two years in the catchment area of which 41.3% were referred to the nearest clinic. HSAAs and ORDP Managers distributed 1,383 sachets of ORS and demonstrated its administration to caretakers.</p> <p>ORS has been available in the catchment area throughout the year.</p> <p>The number of reported health talks conducted by HSAAs was 42 with 1,144 attending.</p>

EXTENDED PROGRAM ON IMMUNIZATION

Objective	Progress towards objective	Comments
<ul style="list-style-type: none"> - Increase from 66% to 90% the percent of children 12-23 months of age that are completely vaccinated - Decrease from 21.2% to 10% the dropout rate for immunizations. 	YES	<p>HSAAs use family registers to update the immunization status of children in their catchment area. This information is reported to the program HIS through the HSA Consolidated Form. The number of children 12-23 months of age who completed their immunizations is 2,473. The two static clinics and the seven outreach clinics have brought vaccination points closer to mothers of under-five children. The project received a refrigerator, which is expected to improve the cold chain at the East Clinic, which had no refrigerator before.</p> <p>With the introduction of more outreach clinics, more children complete their immunization scheme.</p>

VITAMIN A AND IRON FOLATE

Objective	Progress towards objective	Comments
<ul style="list-style-type: none"> - Increase from 12.7% to 40% the percent of mothers that can name at least 3 foods that contain vitamin A. - Increase to 75% the percent of who received iron folate during their last pregnancy. 	YES	<p>HSA's conducted 19 health talks on vitamin A and iron folate supplementation, which were attended by 1,221 people.</p> <p>During the midterm evaluation, it was recommended that the project should change its objective to: Increase to 75% the % of women receiving iron folate at every prenatal visit. It was also recommended that the program should conduct a mini-survey to establish the baseline level for this objective.</p> <p>A survey was conducted to find out about iron folate distribution to pregnant women. A random sample of 20 mothers of children under two years was selected per HSA station (a total of 183 mothers were interviewed). 88.1% of these had received iron folate during their last pregnancy.</p> <p>The program HIS also collects information on the number of pregnant women who receive iron folate during antenatal clinics or at TBA stations. 1,082 pregnant women received iron folate during Year Three (an estimated 75% of pregnant women). 167 women received iron folate from TBAs.</p>

CONTROL OF ACUTE RESPIRATORY INFECTIONS

Objective	Progress towards objective	Comments
<ul style="list-style-type: none"> - Increase from 63.9% to 85% the percent of mothers who sought treatment for their child's cough, rapid, or difficult breathing. - Increase from 25.7% to 40% the percent of mothers that can name 3 danger signs of respiratory infection that would cause them to seek advice. 	YES	<p>HSA's have been trained to identify ARI cases in the compounds and villages and refer them to the nearest clinic. The number of children under two years that were reported by HSA's to have had an ARI during this year is 724.</p> <p>HSA's held 37 health talks in the community on Acute Respiratory Infections. These were attended by 1,761 people.</p>

MALARIA CONTROL

Objective	Progress towards objective	Comments
<ul style="list-style-type: none"> - Increase from 51.7% to 85% the percent of mothers that know that 	YES	<p>HSA's held 21 health talks in the community on malaria with 617 people attending.</p>

<p>malaria is transmitted by mosquitoes.</p> <ul style="list-style-type: none"> - Increase from 19.5% to 50% the percent of mothers that can name at least 3 ways to correctly manage a child with fever. - Increase from 4.3% to 40% the percent of mothers that could name at least 3 appropriate ways to prevent malaria. 		<p>The project HIS collects information on the number of households per compound/village, as well as the number of households that are using mosquito bite preventive methods. Of the 3,012 households in the catchment area, a total of 397 households (13.2%) are currently utilizing mosquito bite preventive methods, and 338 (85.1%) of these are utilizing bednets while 59 (14.9%) are utilizing other mosquito bite preventive methods. Since HSAs have been sensitizing the community about the importance of prioritizing mothers and children when using mosquito bite preventive methods, more mothers and children are being protected from mosquito bites.</p> <p>During the second quarter of the year 2000-2001, the program collected nets from the Ministry of Health to sell in its catchment area. As a result, 300 bednets were sold to people in the catchment area.</p>
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HIV AIDS/STIs

Objective	Progress towards objective	Comments
<ul style="list-style-type: none"> - Increase from 21.3% to 50% the percent of women that can name at least 3 STD symptoms. - Increase from 23.4% to 50% the percent of men that can name at least 3 STD symptoms. - Increase from 32% to 75% the percent of men who had experienced a STD symptom in the last 12 months that sought treatment at a health facility. - Increase from 41.4% to 75% the percent of men who had a STD symptom in the last 12 months that state that they informed their partners. - Increase from 27.8% of men and 14.8% of women to 40% the percent of men that can name at least 4 correct ways of transmitting HIV/AIDS. - Increase from 19.6% of men and 18.5% of women to 40% the percent of men that can name at least 4 correct ways of avoiding HIV/AIDS. - Increase from 21.4% of men and 33% of 	YES	<p>HSAs held counseling sessions on HIV/AIDS prevention. A total of 187 clients were counseled. Of these 86 (46%) were male and 101 (54%) were female. They also held counseling sessions on HIV/STD/AIDS prevention. A total of 238 clients were counseled.</p> <p>HSAs held 14 health talks in the community on HIV/AIDS/STIs, which were attended by 475 people.</p> <p>There are 15 trained drama clubs, and on average, each conducted 4 drama performances per quarter, with an average attendance of 1,500 people. The topics were mainly HIV/AIDS and STI prevention. There appears to be a behavior change in the population as many people collected condoms from CHC members and HSAs.</p> <p>The project trained 38 volunteers in the T4T methodology who together with HSAs distributed 20,000 condoms to men and women in the catchment area.</p>

women to 50% the percent of men and women that state that they used a condom the last time they had sex with a non-regular partner.		
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3.0 DISCUSSION OF FACTORS THAT IMPEDED PROGRESS TOWARDS ACHIEVEMENT OF OBJECTIVES AND ACTIONS TAKEN

- Lack of a behavior change strategy impedes the monitoring of behavior change among the beneficiaries during implementation. The Program Manager will attend the January 2002 "BEHAVE" Workshop in South Africa that will help to develop and plan behavior indicators for the program and BCC strategy.
- With respect to an exit strategy and sustainability plans, delays in PAL's employment of a second nurse for one of the estate clinics and a senior level health staff to oversee the project activities on all of the estates of PAL currently participating in the project, impedes progress towards achievement of objectives related to:
 - (i) Increasing the percent of pregnant women being assisted by trained health providers and
 - (ii) Attainment of the sustainability objective for the health delivery system of Press Agriculture, Ltd., as recommended by the Institutional Assessment.

PAL has proposed that, since it would be difficult to employ this cadre of staff given current budget constraints, Project HOPE will provide this individual for the first year in the submitted cost extension, and PAL would assume responsibility for the salary in the second year and beyond. As for the recruitment of the nurse, PAL has assured Project HOPE that once its financial position improves, it will fill the nurse/midwife position.

- Another factor that impeded progress was lack of a refrigerator to store vaccines at one of the two estate clinics. As a result, this clinic was not able to provide vaccinations to children.

The Project Manager negotiated with the District Health Officer, who has since supplied a new refrigerator to the estate clinic E/17, which was in use starting October 2002. It is expected that this improvement in the cold-chain will contribute towards the improvement of immunization coverage in the catchment area.

- PAL does not have a health services line item in its budget. As a result, planning for improvements in health care (e.g., implementation of IMCI) is very difficult. Occasionally, there are inadequate financial resources to support quality health services (such as cold-chain items, drug supply, supplies such as gloves, equipment).

The Project Manager and the PAL Medical Assistants have come up with a draft budget that will be submitted to PAL management for review and adoption.

4.0 TECHNICAL ASSISTANCE NEEDS

During the midterm evaluation, it was recommended that the program needs to have technical assistance in behavior change methodology in order to develop a behavior change and communication strategy. Efforts to secure an external technical assistance from the United States of America have not born any fruits to date. So this area still requires technical assistance.

5.0 CHANGES FROM THE PROGRAM DESCRIPTION AND DIP THAT REQUIRE MODIFICATION TO THE COOPERATIVE AGREEMENT

The midterm evaluation recommended that the breastfeeding intervention be dropped. The activities supporting this intervention are included in other interventions (i.e., family planning, diarrhea, disease control).

The evaluation team also suggested that there are too many objectives and recommended that these be reduced. The revised objectives have been reviewed and reduced from 32 to 22 and are listed below:

DIARRHEAL DISEASE

- Increase from 66.5% to 75% the percent of mothers that administered ORS for a child with diarrhea.
- Increase from 33% to 70% the percent of mothers who recognize a danger sign or symptom of diarrhea and seek care within 24 hours.
- Increase from 11% to 70% the percent of mothers/caretakers who can name at least 3 practices that they can undertake to prevent diarrhea .

EPI

- Increase from 66% to 90% the percent of children 12-23 months of age that are completely vaccinated.
- Decrease from 21.2% to 10% the dropout rate for immunizations.

VITAMIN A / IRON FOLATE

- Increase from 12.7% to 40% the percent of mothers that can name at least 3 foods that contain vitamin A.
- Increase to 75% the percent of who received iron folate during their last pregnancy.

ACUTE RESPIRATORY INFECTIONS

- Increase from 63.9% to 85% the percent of mothers who sought treatment for their child's cough, rapid, or difficult breathing.
- Increase from 25.7% to 40% the percent of mothers that can name 3 danger signs of respiratory infection that would cause them to seek advice.

MALARIA

- Increase from 51.7% to 85% the percent of mothers that know that malaria is transmitted by mosquitoes.

- Increase from 19.5% to 50% the percent of mothers that can name at least 3 ways to correctly manage a child with fever.
- Increase from 4.3% to 40% the percent of mothers that could name at least 3 appropriate ways to prevent malaria.

FAMILY PLANNING/MATERNAL CARE

- Increase from 32.9% to 75% the percent of women who retained their antenatal card of their last pregnancy and received at least 2 antenatal visits.
- Increase from 35.2% to 50% the percent of women attended by a trained TBA, midwife, or doctor during their last delivery.
- Increase from 44% to 60% the percent of women using a modern method of family planning.

HIV/AIDS and STDS

- Increase from 21.3% to 50% the percent of women that can name at least 3 STD symptoms.
- Increase from 23.4% to 50% the percent of men that can name at least 3 STD symptoms.
- Increase from 32% to 75% the percent of men who had experienced a STD symptom in the last 12 months that sought treatment at a health facility.
- Increase from 41.4% to 75% the percent of men who had a STD symptom in the last 12 months that state that they informed their partners.
- Increase from 27.8% of men and 14.8% of women to 40% the percent of men that can name at least 4 correct ways of transmitting HIV/AIDS.
- Increase from 19.6% of men and 18.5% of women to 40% the percent of men and women that can name at least 4 correct ways of avoiding HIV/AIDS.
- Increase from 21.4% of men and 33% of women to 50% the percent of men and women that state that they used a condom the last time they had sex with a non-regular partner.

Two nutrition assessments were planned during the time of good food availability and during the hunger season to compare the nutritional status of children. An assessment was conducted during the time of plenty, but not repeated during the hunger period. Staff felt that since the current program does not have a nutrition intervention, project resources should be dedicated to the project interventions. Nonetheless, the findings have been used to develop messages for mothers and caretakers of children on the nutritional needs of their children.

The evaluation team also recommended that messages be produced that correspond to the revised number of project objectives. This has since been done (see Appendix A).

6.0 DISCUSSION ON ACTIVITIES BEING UNDERTAKEN TO IMPLEMENT THE MID-TERM RECOMMENDATIONS

The midterm evaluation team made several recommendations to improve the implementation and achievement of the project objectives. The project team together with representatives from the stakeholders, PAL and MOHP-Kasungu DHO met and discussed the recommendations in November 2000, during the first quarter of the third year of the project. This group monitors implementation of the recommendations on a quarterly basis.

Below is the matrix that lists the recommendations and the actions undertaken to address the recommendations.

Priority Recommendations

RECOMMENDATION	ACTION BEING UNDERTAKEN
The Program Manager should review the public health literature and confirm the primary (top 3-4) causes of infant and child mortality in the Kasungu area. He should then orient his staff and as much as possible the HSAs to focus the majority of their time and energy on these technical areas.	The Program Manager reviewed this with DHO and the top of causes of infant and child mortality are:- <ul style="list-style-type: none"> - Malnutrition and anemia - Malaria - Diarrhea - Acute respiratory infections
The Project Manager and Press Agriculture Ltd contact person should meet with the Area Development Manager from the western area and the Medical Assistant and organize under-five outreach clinics to be re-initiated in a similar fashion as is being done in the eastern area. Progress should be monitored by the project and the results shared with Press Agriculture Limited's Human Resources Manager.	The Program Manager for HOPE, the Area Development Manager and the Medical Assistant together with Estate Managers from the western area met and mapped out under-five clinics and transport arrangements. Annual outreach schedules are now being developed and monitored by the project. (See Appendix D for the new immunization schedule.)
Project should recruit and train enough CBDAs so that there is one per estate (which might mean training a few extra). HSAs who now serve as CBDAs should revert to their role as HSA and CBDA supervisor only.	HSAs who were serving as CBDAs have now reverted to their role as HSAs and CBDA Supervisor. Candidates to be trained as CBDAs have been identified and will be trained in October 2001.
Press Agriculture needs to include the Project Manager in (part of) monthly meetings with Area Development Managers, Operations Managers and Estate Managers. The purpose of his participation would be to clarify and define the manager's role in the project. To do this the Program Manager would only need to attend the part of the meetings concerning health services.	The Program Manager attends the estate managers meetings where Area Development Managers/Operations Managers are present. He emphasizes the estate managers' role in the project and also informs them of planned activities. However, it is difficult to capture the managers' attention with health issues, since they are mainly concerned with tobacco production and prices.
Each time there is training event or an activity, all of the estate managers should be clearly briefed as to the reason for the activity and how it will help improve the health of the workers and their families. They should be invited to "graduation/certification" events and installation of new health volunteers. Their role as partners with the project should be solidified.	Estate Managers are being invited to the opening and closing sessions of training events. They are briefed as to the reason for the activity and how this will help improve the health of the laborers. Unfortunately, the managers often send junior staff to represent them at these meetings.

RECOMMENDATION	ACTION BEING UNDERTAKEN
<p>Press Agriculture Limited should set up a system to recognize and provide an award to those estates that have the highest health status achievement among laborers. For example, the best immunization coverage; highest rate of family planning use; highest condom use; highest attendance at outreach clinics etc.</p>	<p>Press Agriculture Limited senior management did not accept to implement this recommendation, as they felt it discriminated against estates in other divisions that are not participating in this project. What Project HOPE does currently is identify the estates with the best performance indicators and share this with estate managers at their meetings. Examples of indicators are:</p> <ul style="list-style-type: none"> • Vaccination rates; • Number of couples using family planning methods.
<p>The staff, with additional Technical Assistance, should develop a BCC strategy. Given the attention this would require and that it should be considered a capacity building activity for the staff, it would be most effective if this exercise was undertaken off site (away from the office).</p>	<p>The past HOPE Center Technical Advisor for the program assured the Technical Team that she would identify an external consultant to facilitate behavior change capacity building, but did not do so. HOPE/Malawi will pursue this issue with the new HQ staff. The Project Manager will attend a BEHAVE framework workshop in January 2002, which will help facilitate the above process.</p>
<p>The project staff should go through the list of messages as the DIP and identify those that are linked to specific objectives (revised at the time of MTE). These should be separated from the rest of the messages (put at the top of the page and framed, for example and identified as the "Key" messages of the project. The reason for this should be discussed with the HSAs during a regular quarterly meeting at which time the HSAs should be instructed to give these messages high priority when they are planning their schedule of health talks. The messages should be given more emphasis and communicated more frequently.</p>	<p>The project staff reviewed the list of messages and identified those linked to specific objectives. Some messages were modified to respond more directly to the objectives (see Appendix C). The messages have been printed and translated into "Chichewa", the local language.</p> <p>The messages were discussed during a quarterly meeting of the HSAs on November 8, 2000, and the HSAs were informed to give these messages a high priority. The messages are incorporated into all the project's curricula and project staff are following up with HSAs on their use.</p>
<p>Press Agriculture Limited should plan to hire a senior clinical officer to coordinate and oversee all health activities and to supervise Medical Assistants and HSAs.</p>	<p>This recommendation has been discussed, and PAL has agreed in principle to hire a senior health level manager. However, the immediate hiring has been delayed by the fluctuating and downward spiral of tobacco prices on the world market. The project has agreed with Press Agriculture Limited management that this health manager will be hired at the beginning of the cost extension, initially supported, trained and mentored by the project.</p>

RECOMMENDATION	ACTION BEING UNDERTAKEN
<p>The Press Agriculture Limited project contact person and the KCSP Manager should work together to develop a tentative budget for health services on the estates. This should include elements necessary to support implementation of IMCI (essential drugs, supplies and equipment in adequate quantities in the two clinics (E/32, now E/17, and E/80), an inter-estate emergency evacuation plan and on-going support for HSAs (spare parts for bicycles etc). This proposed budget should then be submitted to the Press Agriculture Limited senior, management and Board for review and modification if necessary and then adopted as part of Press Agriculture Limited's operational budget.</p>	<p>A budget for health activities was drafted and will be submitted to Press Agriculture Limited management for review and adoption.</p>
<p>Project partners including representatives from various levels of Press Agriculture Limited management need to dedicate sometime together to develop a detailed sustainability plan and exit strategy. To increase the effectiveness of this exercise it should be done "offsite" away from distractions and the work guided by an experienced facilitator who is somewhat familiar with the project and Press Agriculture Limited. Once the plan is developed and agreed upon the steering committee should monitor its execution on quarterly basis</p>	<p>Discussions to plan for this activity were initiated, but the representatives of Press Agriculture Limited did not like the idea, as they felt they already have sustainability plans in place. But Project HOPE still has plans to conduct a meeting with PAL managers to develop such a strategy.</p>
<p>The project should organize a workshop with the project staff, the Press Agriculture Limited medical assistants and the Press Agriculture Limited contact person to develop a practical supervision plan. The details of the plan (who supervises whom, the frequency of supervision, the protocols to be used, the logistics required to implement the plan, training needed to develop skills etc) should be worked out to each participant's satisfaction. This plan should then be presented to the steering committee for approval and reports regarding its execution should be made at each subsequent meetings</p>	<p>A specific workshop to develop a supervisory plan has not been organized yet. HOPE plans to conduct this workshop with MOHP and PAL staff in Year 4. All HSAs have received supervisory skills training to enable them to supervise volunteers more effectively.</p> <p>Checklists for supervision were developed, see Appendix B. This checklist is used by the project trainers who go out to supervise HSAs and follow-up on their activities.</p> <p>A supervisory training for HSA supervisors will be conducted in November 2001.</p>
<p>The HIS and project trainers should write a protocol for the completion of the HSA monthly report and each of the other data collection instruments used by community health</p>	<p>The protocols for the completion of HSAs monthly report forms were developed and reviewed in November 2000.</p>

RECOMMENDATION	ACTION BEING UNDERTAKEN
volunteers. This should include where the information should come from. The specific source/document, how often, how to calculate it, if necessary. This protocol should be reviewed with all HSAs during a regular quarterly meeting and modified to reflect reality if necessary. Checking the statistics should be a part of regular supervision activities conducted by trainers of HSAs.	The project trainers check the statistics during their regular supervision.

7.0 **REVIEW OF THE DIP PHASE-OUT PLAN AND A DESCRIPTION OF THE STEPS TAKEN, TARGETS REACHED AND CONSTRAINTS TO DATE**

The DIP described a partial phase-out plan. Below is a discussion what steps have been taken to achieve the targets.

- (i) Health volunteers, Health Surveillance Assistants, Medical Assistants and Nurse Midwives, form a solid foundation for sustainability and institutionalization.

There is limited need for transferring responsibilities from Project HOPE to these cadres. The capacity building activities they have had have provided them with adequate information. What PAL needs to do is to adopt and implement the recommendations for institutionalization.

- (ii) The Steering Committee was established to ensure that the DHO should give technical oversight to the medical assistants.

This has not worked very well, mainly due to changes of District Health Officers, therefore it has been difficult to have continuity of the agreements made during steering committee meetings.

- (iii) Training of the MAs in HSA supervision is another phase-out activity listed in the DIP.

This target was not reached because the MAs do not have much time to supervise the HSAs on a regular basis as their work is mostly facility based. As a result, only the HSA supervisors will be trained in a 3-week training following a MOHP curriculum. The HSA supervisors are selected from the pool of HSAs with above-average performance and will supervise three HSAs each. They will participate in a three-week training course following a MOHP curriculum.

- (iv) Building of Family Planning/Under-five clinic shelters was another phase-out strategy, since these structures are necessary to conduct additional family planning and under-five clinics.

One shelter was completed in May 2001, and a second one will be completed in Year 4. The current shelter has been a success and provides good shelter and privacy to clients. The clinic conducts four EPI and TTV vaccination sessions, two antenatal clinics, and four family planning clinics at the new shelter per month.

- (v) The DIP also listed the development of an exit strategy with the stakeholders.

PAL management seems not to have been satisfied with other phase-out plans and did not find it necessary to have an exit strategy. But HOPE will negotiate with them so that this strategy is developed. The three partners, HOPE, PAL and MOHP will be part of the team to develop the strategy in October 2001 as MOHP provides medical oversight and policy guidance.

- (vi) The establishment of a financial and management structure for the health activities of PAL was planned over the life of the program.

Draft budgets have been prepared and will be submitted to PAL management for adoption. The constraint has been that PAL has been slow in adopting this recommendation, which was made in the 2nd year of the current project during a formal Institutional Assessment of PAL.

8.0 DISCUSSION OF FACTORS THAT HAVE POSITIVELY OR NEGATIVELY IMPACTED THE OVERALL MANAGEMENT OF THE PROGRAM

◆ FINANCIAL MANAGEMENT

In late spring 2001, HOPE's commissioned multi-functional Financial Assessment Team made recommendations for re-engineering HOPE's financial delivery systems in order to improve decision-making at all levels of the organization. A major focus of this group was improving the accessibility and interactivity of HOPE's financial database for international field staff in a way that better reflects HOPE's desire to increase field responsibility and accountability for program activities. HOPE has already installed a new accounting and reporting system centrally. The focus is now on standardizing and automating the field accounting systems to better capture local data needs, while training field staff to interact with the central database through Internet links for real-time processing, analysis, and performance feedback.

The Project HOPE CS in Malawi is staffed with an administrator/accountant at the field level who is responsible for compiling and reporting local currency expenses vis-a-vis approved budgeted line items to the Program Manager. Once the monthly Profit and Loss statements and related financial documents are approved by the Project Manager, this information is sent to the Malawi Central Office for review by the Financial and Administrative Manager (FAM). The FAM compiles the US dollar expense reports and sends both the local currency and the US dollar reports to the Assistant Regional Director, Finance, at Project HOPE's headquarters in Millwood, Virginia. The Assistant Regional Director, Finance, reviews the reports and enters the data into the General Ledger, provides for imprest reimbursement to the field offices, requests payment from funders, and provides the necessary reports to funders as stipulated in the agreements.

In order to avoid transfer/bank charges when funds are transferred from HOPE Center to local dollar and local currency accounts and streamline reporting into one dollar account report, Project HOPE Malawi initiated a single dollar account system. To facilitate tracking the transfer of funds, a spreadsheet was created to show the movement of funds from HOPE HQ to HOPE Malawi and on to the program's local currency operational account. Any transaction involving the dollar account such as the receipt of funds from HOPE HQ or the transfer of funds to the Kwacha account updates the spreadsheet to reflect the balance for the program.

Interest earned from the dollar account is proportionally shared between the projects based upon the balance of project shows at the end of reporting period. Transfer charges are applied equally among all projects.

A local currency operations account was established for the project, and it is the program manager's responsibility to monitor and approve all account activities. The program manager (PM) and the administrator/accountant (AA) are the signatories to the account. The Malawi Central Office has closed the Kwacha operations accounts that it had maintained at the Blantyre Commercial Bank.

In addition to the changes in managing the bank accounts, further recommendations for financial administration and management are being addressed:

- PMs in collaboration with their AAs will be fully responsible for paying for all their program expenditures, including procurement of all equipment and maintenance of the same.
- PMs will, in collaboration with the AA pay housing allowances and leave grant to employees after the application has been approved and payment authorized by FAM.
- PMs will take full responsibility for recruitment of the technical members of their program teams. Central Office may be invited to participate on the interview panel.
- The ARD will communicate directly with the PMs on issues pertaining to their program and copy correspondence to CD and FAM. The PMs will communicate directly with ARD and copy correspondence to CD and FAM

The PM and AA will continue to:

- Provide Malawi Central office with monthly financial reports before they are submitted to HOPE Center for FAM to scrutinize expenditures. This however, is under discussion vis a vis the recommendation made by the Financial Task Force.
- Provide FAM with a monthly statement of cash needs for various project activities.
- (AA) Make salary payments as authorized by the FAM who prepares personnel salary
- (PM) Conduct personnel appraisals for their employees and make recommendations to Malawi central office.
- PMs and AAs will continue recruiting and issuing contracts to support staff.
- PMs will continue liaising with FAM on employment of temporary labor.
- PMs will continue liaising with Country Director for continuing education programs to be attended by project employees.

Malawi Central Office:

- It has been recommended that the Malawi Central office open its own Kwacha account for its operations. The funds into this account will be obtained from the program funds based on the percentage distribution. If this proposal is agreeable,
- FAM will issue and renew contracts to all technical and administrative staff.
- FAM will maintain close supervision of the AAs and conduct program audits on a quarterly basis.
- FAM will continue to monitor the dollar account funds for each program.

◆ **COMMUNICATION**

Cell phones are essential in the not always functioning phone line system. To address this, each project manager has been given a cell phone for which HOPE pays for a certain amount of units per month. In addition, HOPE is considering putting cell phones in the project vehicles

Beginning 2001, each program site became connected to the internet and has the capacity to receive and send e-mail. Although this has facilitated communications with Malawi Central Office and HOPE HQ, frequent problems with telephone lines continue to impede continuous communications. Back-up communication plans are being investigated in order to assure continuous access to the project.

◆ **OTHER RELEVANT MANAGEMENT SYSTEMS**

In order to strengthen each project and maximize the use of existing resources, numerous recommendations are under consideration. With the appointment of a new Regional Director, Africa, at HOPE HQ, these recommendations will be thoroughly discussed and acted upon:

- Strengthen joint transport, sharing of materials and approaches at all levels.
- Given that all projects are recruiting regularly, scan incoming CVs not only for specific project positions, but also determine if they may fit the needs of other projects.
- Create a data bank of competent individuals interested in working with us, but cannot be currently placed.
- Use of project specific events to promote the objectives and activities of the other programs
- To reduce dependence on drivers, it should be explored that Project Managers be allowed to drive vehicles.

◆ **HUMAN RESOURCES**

Project HOPE established its presence in Malawi through the implementation of quality community health education programs that draw on the abilities and skills of locally hired staff. Throughout its history in Malawi, Project HOPE has been able to attract and maintain a high-caliber professional staff. However, in recent years, the presence of HIV/AIDS has reduced the pool of qualified health care professionals. Also, multiple donor activities compete for a limited pool of candidates. To address this situation, Project HOPE tries to maintain its current human resources by optimizing professional development opportunities, encouraging exchanges, and increasing scope of responsibility while using existing resources. Also, a salary review was recently conducted to assure that HOPE's salaries are competitive with other PVOs in Malawi and a new salary schedule has been developed and approved by HOPE HQ for implementation.

9.0 ANALYSIS OF IMPORTANT ISSUES, SUCCESSES, NEW METHODOLOGY OR NEW PROCESSES

One important issue of interest to the greater community is the development of Mother Reminder Materials that the project is currently undertaking.

This idea of mother reminder materials is aimed at developing materials that will be available in the home so that they can remind mothers and caretakers of children about the danger signs of common

childhood illnesses, and therefore trigger action in the mothers to seek care and provide appropriate home management.

Formative research has been completed and provide a wealth of information about mothers' knowledge, perceptions, and actions (this report is available at request from HOPE HQ). The next steps will involve engaging a consultant to design the materials. These materials are expected to be disseminated nationally to complement the health message on IMCI already being implemented in Malawi.

To ensure that the materials will be widely adopted, stakeholders are being involved at every step. A stakeholder meeting was conducted to introduce the concept and process. After the design of the draft materials the stakeholders will again be called to a meeting to critique the materials before they are produced to be piloted in the Child Survival program and CHAPS in Kasungu District and Mulanje District.

The materials will then be monitored for use, availability in people's homes, and impact, and corrections will be made before mass production.

APPENDIX A

Revised Health Messages for the Program

KEY HEALTH MESSAGES

MALARIA CONTROL

1. Malaria is transmitted by mosquitoes.
2. Correct ways of managing a child with fever include: tepid sponging or bathing, give one dose of SP, administer panadol 4 times a day and provide extra fluids.
3. Appropriate ways to prevent malaria include: sleep under a mosquito net, burning mosquito coils or herbs or animal dung, using gauze wire on windows and closing windows at night, control mosquito breeding (cut long grass around the house, do not plant maize or banana trees near house, do not have stagnant water around house.)

FAMILY PLANNING/MATERNAL CARE

1. Go to a trained TBA or a health facility for delivery.
2. It is very important to retain your maternal card to assist in providing you with appropriate care during your pregnancy.
3. Start using a modern method of family planning 6 weeks after delivery to ensure that births are spaced for at least 2 years.

HIV/AIDS/STIS

1. The signs and symptoms of STIs are: discharge from the penis or vagina, sores in the penial area, genital ulcers, lower abdominal pains in women, scrotal pain/swelling, pain/burning sensation when passing urine, swelling and pain in the groin, itching penis or vulva.
2. It is extremely important to seek treatment from a health facility if you experience a STI symptom.
3. HIV/AIDS is transmitted through sexual intercourse with someone with AIDS, blood transfusion, contact with infected blood (through kissing, sharing toothbrushes or injections or needles or blades), from mother to child through pregnancy or delivery or breastfeeding, preparing an infected dead body for burial.
4. HIV/AIDS can be avoided by: abstinence for those not married, faithfulness for those that are married, use of condoms, immediate treatment of STIs, avoid falling pregnant if you are infected, avoid sharing toothbrushes or injections or needles or blades.
5. Condoms are an excellent method of providing protection from HIV/AIDS/STIs when having sex with a non-regular partner and family planning.

CONTROL OF DIARRHEA

1. If a child with diarrhea is still breastfeeding then give more frequent longer breastfeeds day and night, if child is taking other milk then replace with increased breastfeeding or fermented milk products such as chambiko or half milk with nutrient-rich semi solid food, for other foods follow feeding recommendations for that age.
2. Administer ORS to a child during a diarrhea episode. If ORS is not available, use home made fluids such as rice water, fruit juice, thobwa, or water porridge.
3. The danger signs of diarrhea are: vomiting, fever, dry mouth, sunken eyes, sunken fontanel, loss of skin turgor, pass less or no urine, diarrhea lasting two days or more, blood in stool, child refusing to eat or drink,

weakness or tiredness. Take a child to a health facility within 24 hours if you see any of these danger signs of diarrhea.

4. Diarrhea can be prevented by: using safe water sources, exclusive breastfeeding for the first 4 to 6 months, avoid bottle feeding and hygiene practices such as handwashing (after defecation, after washing diapers and before preparing food.)

IMMUNIZATION

1. Five correctly timed visits are required for a child to be completely vaccinated.
2. Bring children for vaccinations even if they are sick.
3. Keep the under-five card and bring it each time you access health services.
4. Continue to bring the child to under-five clinics even if the child is completely vaccinated.

VITAMIN A/IRON FOLATE

1. Vitamin A helps a child fight illnesses and prevents night blindness. The following foods are rich in vitamin A: cooking oil, margarine, green vegetables, egg yolk, breast milk, yellow fruits (e.g. mango, papaya, oranges, pumpkins.)
2. Pre-natal visits should start the third and fourth month of pregnancy and pre-natal services are found at clinics or trained TBAs.
3. The following foods contain iron: cooking oil, margarine, green vegetables, egg yolk, breast milk, fruits.

ACUTE RESPIRATORY INFECTIONS

1. The danger signs of acute respiratory infections are: chest indrawing, rapid breathing, difficulty breathing, persistent cough, child refusing to eat or drink, high fever, vomiting, coughing lasting more than a week and weakness or tiredness. Seek care as soon as a child demonstrates any of these danger signs of acute respiratory infection.

APPENDIX B

Supervisory Checklist

CHILD SURVIVAL AND MOTHER CARE PROGRAM

SUPERVISORY CHECKLIST

Name of Supervisor:

Period of Supervision:

A. GENERAL ADMINISTRATION	YES	NO	COMMENTS
1. Workplan submitted			
2. Training/activity reports:			
(i)
(ii)
(iii)
3. supervision of HSAs in catchment Area (ask for completed checklists)			
(i)
(ii)
(iii)
(iv)
(v)
4. What problems were encountered during HSAs supervision and what solutions were arrived at.			
<u>Problems</u> <u>solutions</u>			
..... 			
..... 			
..... 			
..... 			
5. Ask for activity plans by various cadres			
• ORDPs
• CHCs
• TBAs
• CBDAs
• Drama groups (Adult)
• Drama groups (Adolescent)
• Condom distribution (T4T)
6. Personal Characteristics			
• Attendance of work
• Presentation/appearance
• Punctuality

[illegible]

APPENDIX C
Revised Objectives

DIARRHEAL DISEASE	
Objective	Indicator
Increase from 66.5% to 75% the percent of mothers that administered ORS for a child with diarrhea	<ul style="list-style-type: none"> - The % of women stating that they have administered ORS for treatment of the last diarrhea episode - the # of women utilizing ORDPs - the # of ORS packets distributed
Increase from 33% to 70% the percent of mothers who recognize a danger sign or symptom of diarrhea and seek care within 24 hours	<ul style="list-style-type: none"> - the % of mothers whose children experienced a danger sign of diarrhea and sought care within 24 hours
Increase from 11% to 70% the percent of mothers/caretakers who can name at least 3 practices that they can undertake to prevent diarrhea	<ul style="list-style-type: none"> - The % of mothers that can name ways to prevent diarrhea - The % of mothers who say they practice at least three of these behaviors
EPI	
Increase from 66% to 90% the percent of children 12-23 months of age that are completely vaccinated	<ul style="list-style-type: none"> - the % of children 12-23 months of age that present an Under-5 health card during the KPC survey indicating that they have been completely vaccinated - the # of children attending Under-5 clinics and vaccination activities
Decrease from 21.2% to 10% the drop-out rate for immunizations.	<ul style="list-style-type: none"> - the % of children 12-23 months of age that began but did not complete their vaccination schedule
VITAMIN A / IRON FOLATE	
Increase from 12.7% to 40% the percent of mothers that can name at least 3 foods that contain vitamin A.	<ul style="list-style-type: none"> - the % of mothers that can name at least 3 foods that contain vitamin A
Increase to 75% the percent of who received iron folate during their last pregnancy	<ul style="list-style-type: none"> - the number of women attending estate ante-natal clinics - the % of women who can document receiving 2 ante-natal visits and iron folate during their last pregnancy - the number of iron folate tablets distributed through estate facilities and during mobile ante-natal care services - the number of women receiving iron folate through a TBA

ACUTE RESPIRATORY INFECTIONS	
Objective	Indicator
Increase from 63.9% to 85% the percent of mothers who sought treatment for their child's cough, rapid, or difficult breathing	<ul style="list-style-type: none"> - the % of mothers stating that they sought treatment for their child's last episode of cough, rapid, or difficult breathing. - the # of mothers accessing estate health services for pediatric respiratory complaints.
Increase from 25.7% to 40% the percent of mothers that can name 3 danger signs of respiratory infection that would cause them to seek advice	<ul style="list-style-type: none"> - the % of mothers that can name 3 danger signs of respiratory infection that would cause them to seek advice
MALARIA	
Increase from 51.7% to 85% the percent of mothers that know that malaria is transmitted by mosquitoes	<ul style="list-style-type: none"> - The % of mothers that know that Malaria is transmitted by Mosquitoes.
Increase from 19.5% to 50% the percent of mothers that can name at least 3 ways to correctly manage a child with fever	<ul style="list-style-type: none"> - The % of mothers that can name At least 3 correct ways of Managing a child with fever - The # of doses of SP sold Privately at distribution Points around the estates
Increase from 4.3% to 40% the percent of mothers that could name at least 3 appropriate ways to prevent malaria	<ul style="list-style-type: none"> - The % of mothers that could Name at least 3 appropriate Ways to prevent malaria - The # of houses that have demonstrated actions to prevent malaria
FAMILY PLANNING/MATERNAL CARE	
Increase from 32.9% to 75% the percent of women who retained their ante-natal card of their last pregnancy and received at least 2 antenatal visits	<ul style="list-style-type: none"> - the % of women who have ever been pregnant that retained their ante-natal card and received at least 2 antenatal visits - the # of women attending estate ante-natal clinics
Increase from 35.2% to 50% the percent of women attended by a trained TBA, midwife, or doctor during their last delivery	<ul style="list-style-type: none"> - the % of women stating that they were attended in their last delivery by a trained TBA, midwife, or doctor - the # of deliveries reported by trained TBAs - the # of deliveries conducted at the district hospital and estate maternities
Increase from 44% to 60% the percent of women using a modern method of family planning	<ul style="list-style-type: none"> - the % of women/couples stating that they are using a modern method of family planning - the # of CBDA clients - the # of methods distributed through estate health clinics and family planning shelters

HIV/AIDS and STDS	
Objective	Indicator
Increase from 21.3% to 50% the percent of women that can name at least 3 STD symptoms	<ul style="list-style-type: none"> - the % of women that can name at least 3 STD symptoms - the # of women coming to estate health clinics for an STD symptom
Increase from 23.4% to 50% the percent of men that can name at least 3 STD symptoms	<ul style="list-style-type: none"> - the % of men that can name at least 3 STD symptoms
Increase from 32% to 75% the percent of men who had experienced a STD symptom in the last 12 months that sought treatment at a health facility	<ul style="list-style-type: none"> - the % of men who had experienced a STD symptom in the last 12 months that sought treatment at a health facility - the # of men accessing estate health services for an STD symptom
Increase from 41.4% to 75% the percent of men who had a STD symptom in the last 12 months that state that they informed their partners	<ul style="list-style-type: none"> - the % of men who had a STD symptom in the last 12 months that informed their partners - the # of women coming to estate health clinics because of a referral from a partner
Increase from 27.8% of men and 14.8% of women to 40% the percent of men that can name at least 4 correct ways of transmitting HIV/AIDS	<ul style="list-style-type: none"> - the % of men and women that can name at least 4 correct ways of transmitting HIV/AIDS
Increase from 19.6% of men and 18.5% of women to 40% the percent of men that can name at least 4 correct ways of avoiding HIV/AIDS	<ul style="list-style-type: none"> - the % of men and women that can name at least 4 correct ways of avoiding HIV/AIDS
Increase from 21.4% of men and 33% of women to 50% the percent of men and women that state that they used a condom the last time they had sex with a non-regular partner	<ul style="list-style-type: none"> - the % of men and women that state that they used a condom the last time they had sex with a non-regular partner - the # of condoms distributed by HSAs, CBDAs, and estate health clinics

APPENDIX D

Immunization Schedule for the Estate Clinics for 2001

Name of Center	Date, Month, 2001											
	J	F	M	A	M	J	J	A	S	O	N	D
Estate 36	10	14	21	11	16	13	11	08	12	17	14	12
Estate 37 Coffee	03	07	07	04	02	06	04	01	05	03	07	05
East Clinic	17	28	14	04	02	06	04	01	05	03	07	05